

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Citizen Portal (formerly Netcall Patient Portal)

Is this a: Current Service ☐ Service Development ☒ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

***What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.***

Netcall Patient Hub Patient Appointment service will reduce the administrative burden of managing patient appointments whilst providing benefits to patients in that they will be able to receive notification of their appointment electronically reducing time delays and interact with the service digitally to respond to offer of appointment by accepting, cancelling or requesting to rebook the appointment date provided. Additionally, patient information leaflets will be stored within the patient hub for patients to reference re the specific information they require related to their appointment. The service will provide:

- Authentication for patients onto the secure Patient Hub
- Patient choice – can choose to OPT OUT of this service.
- Patient Hub has near real-time delivery of appointment information from TrakCare patient administration system
- Patients can electronically Accept, Cancel or Request to Reschedule their appointment preventing them from having to call in to do so. If patients choose to reschedule then they will be contacted with a further appointment.
- A robust audit trail will be in place to monitor patients viewing and responding to messages on the portal in order that the traditional method of printing and posting a letter can be initiated for patients who do not read electronic messages.

To access the patient portal, patients must have access to the internet and have a mobile phone, tablet or PC with a web browser.

**Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)**

Significant service development which could change the way patients interact with Referral Management Centre. While there may be a benefit to NHS patients and NHSGCC, the delivery of a change to patient appointment service electronically may have hidden or unintended detriment to some patient groups. An EQIA is, therefore, considered a proportionate means of further investigating the potential for this to happen.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

<b>Name:</b> Lorraine Maxwell, Head of Health Records Service	<b>Date of Lead Reviewer Training:</b>
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**Please list the staff involved in carrying out this EQIA**

**(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Lorraine Maxwell, Head of Health Records Services  
Denise Brown, Head of Strategy & Programmes  
John Costello, eHealth Project Manager  
Denise Lyden, eHealth PMO Manager  
Jac Ross, Equality & Human Rights Manager  
Ikenna Emenyonu, Netcall Technologies Ltd

	<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.		No data is collected by the system it only presents data to patients via an internet web portal.	At consultation (outpatient clinic, testing centre etc) the patient is informed of the service and agrees to be contacted via Mobile Phone and this number is put into TrakCare. Consent to be contacted by Mobile Phone or eMail is assumed by the application based upon the SOP. Patients with special requirements such as visual impairment will benefit from this service given there will be an ability to en-large the font to the required size electronically, In addition this will be beneficial for patients with hearing difficulties given they will be able to correspond electronically rather than by telephone which is the current method. Lastly patients with a language barrier will be eligible to take part in this service or opt out – the electronic method is merely replicating the paper method and therefore the same information will be available.
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	Please provide details of how data captured has been/will be used to inform policy content or service design.	<i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic)</i>	No data will be captured by the system however it will be possible to identify the OPT IN rate for patients who have additional support needs eg Hearing difficulty, Language barrier and Sight impairment by comparing the report of those who OPT in against their Trakcare record which will already any additional support needs.	To understand the additional service improvements required, analysis of OPT in versus OPT out for patients with special needs and patient engagement will be undertaken 6 months following implementation.

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>This information will allow us to review and adapt the service based on patient feedback to support additional support needs.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result, staff were trained in</i></p>	<p>Programme has been modelled on the National Patient Portal.</p> <p>In 2017, The Equality and Human Rights Team met with 105 people across 7 groups attended by people with protected characteristics to ask about their experience of accessing hospital appointments. Good practice ideas have been taken onboard when developing the Netcall Patient Appointment Service.</p> <p>The key change here will be the method of receiving communication in relation to appointments – this will be the same communication which would have been sent out in the post and therefore will include an accessible format information</p>	<p>The service is an improvement providing patient choice in opting for an electronic method of receiving appointment communication or traditional method of receiving appointment letters via post.</p> <p>The service will support patients with visual impairment receive information in a format which is in line with their needs given that all information will be able to be enlarged on the device.</p>

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><b><i>LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></b></p>	<p>leaflet which allows patients to request the information in an alternative. language.</p>	
		<b><i>Example</i></b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	<p><b>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><b><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop-in service, made more difficult due to childcare issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.</i></b></p> <p><b><i>(Due regard to promoting equality of opportunity)</i></b></p>	<p>No explicit engagement taken to date with Protected Characteristic Groups. There was a previous patient experience workshop undertaken in 2017 with 105 people on good practice ideas to address a range of issues with accessing hospital appointments that helped inform the development of the Netcall Patient Appointments Service.</p>	

	<p>2) Promote equality of opportunity    <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics    <input type="checkbox"/></p> <p>4) Not applicable    <input type="checkbox"/></p>	<p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation    <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	NA	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable x			
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Application of the tool will be compliant with GGC Interpreting and Communication policy.</p> <p>Some patients may opt out of digital communications or choose to not respond to any notifications from Patient Hub. In these scenarios, the traditional method of patient appointments, such as phone calls or letters in the post, will still be available to patients who opt out, or whose first language is not English, for those who cannot read for reasons of cognitive impairment, literacy or whose first language is BSL.</p>	

	<p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>Some patients who may be uncomfortable using technology or cannot use technology for reasons of frailty can opt out as the traditional method of patient appointments, such as phone calls or letters in the post, will still be available.</p> <p>Alternatively, informal or formal carers can opt in to support the patient use the system, if preferred.</p>		



	1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
(b)	<b>Disability</b>  <b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b>  <b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b>  1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	<p>Some disabled people may experience challenges accessing online portal hub or using a smart phone due to a sensory impairment (or combination of impairments) or a learning disability or difficulty.</p> <p>Glasgow Disability Alliance COVID – Resilience Engagement and Response Report (27th April 2020) found that digital exclusion is a huge factor; only 37% of those surveyed had home broadband and many lacked the confidence or skills to use it.</p> <p>Some disabled may benefit from the service such as those with hearing loss or Deaf who may prefer text communication and online viewing of information to telephone calls.</p> <p>The platform is compliant with Web Content Accessibility Guidelines.</p>	<p>Communication by Post and Land Line telephone will be used where patients are unable to take advantage of newer technologies.</p> <p>To arrange independent testing of the application for accessibility on different devices by users who use assistive technologies</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<b>Gender Identity</b>	Not applicable	

	<p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable x <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	Not applicable	

	1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable x <input type="checkbox"/>		
(e)	<b>Pregnancy and Maternity</b>  <b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b>  <b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b>  1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable x	Not applicable	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<b>Race</b>	Patients whose first language is not English may not be able to read or understand text/email message, However given the	At time of consultation an assessment should be made to

	<p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>appointment information and additional inserts will be available for the patient to view in an online portal and would be the same information supported by the traditional method these patients are not excluded from the service.</p> <p>The additional information for all patients will include an accessible information leaflet with instructions to the patient in multiple languages re how to request their information in an alternative format.</p> <p>In addition, the staff time saved through using patient hub will allow the traditional model to be improved. Both in terms of response time and developments re communicating with patients in their first language.</p>	<p>evaluate the appropriateness of the Patient Hub Service. In such cases where patients cannot read or understand English, the electronic contact fields (email and mobile phone) could be left blank to allow management by exception and will use standard service.</p> <p>A scoping exercise will be undertaken to understand the practicalities of requesting that appointment letters are translated to the patients first language prior to sending out. This will include additional information leaflets.</p> <p>In longer term, scope feasibility of developing Netcall functionality to allow translation of text messages in different languages</p>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	Not applicable	

	1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable x <input checked="" type="checkbox"/>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<b>Sex</b>  Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?  Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).  1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable x	Not applicable	
(i)	<b>Sexual Orientation</b>	Not Applicable	

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable x <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>People living in poverty are more likely to have limited access to IT resources and less likely to have computers, tablets, or smart phones at home, or unable to afford internet access on their phone.</p>	<p>The service will be optional, patients who cannot engage with the electronic communications can utilise the traditional methods. This is about patient choice.</p>

(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>Prisoners will be unable to access the service due to security restrictions and the traditional method of reporting results via Prison Healthcare service will continue.</p> <p>Exceptions will be made for groups who may not have access to devices or internet via the traditional methods of engagement.</p> <p>For some marginalised groups eg travellers and asylum seekers, who may move to different addresses will benefit from the Netcall service as they will receive the appointment via mobile and will not need to rely on an appointment letter.</p>	<p>There are alternative methods of communicating appointments for some groups, eg care homes, schools, prisoners, asylum seekers, refugees or other groups via the traditional methods of engagements.</p>
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity    x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There will be a cost saving in terms of the paper, ink and postage costs of posting manual letters to patients. The extent of the saving at this point is unknown as this is depended on uptake of the service.</p> <p>The staff time saved in posting manual letters will free up time to allow the traditional methods of communication to be completed more efficiently for those patients who require the traditional methods for example call volumes will drop as patients request to cancel or reschedule appointments online which will mean a quicker response time for those using traditional methods.</p>	<p>Staff time saved will be re-invested to support more efficiency in the traditional methods which will support an improved service for everyone</p>
	<b>Service Evidence Provided</b>		<b>Possible negative impact and Additional Mitigating Action Required</b>

9.	<b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b>	All staff are required to undertake NHSGGC mandatory training that is monitored by Managers via HR reports  Information session promoting awareness of Equality and Diversity legislation was attended by eHealth staff in January 2019 and presentation slides are available for reference.	A further information session on completing EQIAs is planned for Autumn 2020 which will be recorded and made available for all eHealth staff.  To organise staff training on Standard Operating Procedures
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**10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

**The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.**

**Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.**

To minimise appointment alerts being sent to wrong mobile number, a standard operating procedure is in place for staff to validate patient details and ensure information is accurate.

Data protection Impact Assessment completed to minimise risk of data breach



Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- ☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- X Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

**11. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.**

The scoping work to review the service will inform how we can tailor the service for people whose first language is not English and contribute to the Board’s commitment to minimise health inequalities

<b>Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
To organise staff training on Standard Operating Procedures	01/10/2020	Lorraine Maxwell
To organise further staff Information Session on how to complete an EQIA	30/09/2020	Denise Lyden
To review and scope the ability to send appointment letters and information leaflets in the traditional model in the patient’s first language.	01/10/2020	Lorraine Maxwell / Jac Ross
System Security Policy to be completed	July 2020	Andy Hardy/ Christine Stevens
In longer term, scope feasibility of developing Netcall’s functionality to allow translation of text messages in different languages	22/01/2021	Lorraine Maxwell/ John Costello
To understand the additional service improvements required, analysis of OPT in versus OPT out for patients with special needs and patient engagement will be undertaken 6 months following implementation.	22/01/2021	Lorraine Maxwell

**Ongoing 6 Monthly Review**    please write your 6 monthly EQIA review date:

29 January 2021

**Lead Reviewer:** Lorraine Maxwell, Head of Health Records

**EQIA Sign Off:** Denise Brown, Head of Strategy & Programmes

Signature *Denise Brown*

Date     30 July 2020

**Quality Assurance Sign Off:**

Job Title

Signature

Date

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

**Name of Policy/Current Service/Service Development/Service Redesign:**

Netcall Patient Appointments Service

**Please detail activity undertaken regarding actions highlighted in the original EQIA for this Service/Policy**

		Completed	
		Date	Initials
<b>Action:</b>	To arrange independent testing of the application for accessibility on different devices by users who use assistive technologies		
<b>Status:</b>			
<b>Action:</b>	To complete Standard Security Protocol		
<b>Status:</b>			
<b>Action:</b>	To organise a further information session on how to complete an EQIA and to make video recording available to all eHealth staff		
<b>Status:</b>			
<b>Action:</b>	To organise staff training on Standard Operating Procedures		
<b>Status:</b>			
<b>Action:</b>	To scope the work outlined to improve the traditional model where the first language is not English		
<b>Status:</b>			
<b>Action:</b>	In longer term, scope feasibility of developing Netcall's functionality to allow translation of text messages in different languages		
<b>Status:</b>			
<b>Action:</b>	To understand the additional service improvements required, analysis of OPT in versus OPT out for patients with special needs and patient engagement will be undertaken 6 months following implementation.		
<b>Status:</b>			



Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

29 <sup>th</sup> January 2021
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**Name of completing officer:**

**Date submitted:**

**If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)**